PART B - FEE(S) TRANSMITTAL

NOV 1 9 200	۶ ۲ _{سا}	· ·	or <u>Fax</u>	Commissioner R P.O. Box 1450 Alexandria, Virg (571)-273-2885	F Patents ginia 22313-1450		
INSTRUCTIONS: This for appropriate All further sindicated units 105% and maintenance fee notification	broth should be used brospondence including below or directed others.	for transmitting the IS ing the Patent, advance in Block 1, by	SUE FEE and PUBLIC orders and notification (a) specifying a new co	ATION FEE (if request of maintenance fees rrespondence address	uired). Blocks 1 through will be mailed to the cu s; and/or (b) indicating a	h 5 should be completed when arrent correspondence address a a separate "FEE ADDRESS" for	
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11/20/2007 FMETEKI2 00	0000015 09992478				BETTY BERNAL	(Depositor's name)	
01 FC:1506 700.00 OP				130	11/16/201	(Signature)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	OR .	ATTORNEY DOCKET N		
09/992,478 TITLE OF INVENTION: M	11/19/2001 IODULAR TIRE		Nathaniel Heard		9692.6807	5130	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TOTAL FEE(S)	DUE DATE DUE	
nonprovisional	YES	\$700	\$0	\$0	\$700	11/16/2007	
EXAMINER ART UNIT			CLASS-SUBCLASS	7			
KNABLE, GEO		1733	152-334100				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			(1) the names of up or agents OR, alterna (2) the name of a sin registered attorney of 2 registered patent at listed, no name will b	te of a single firm (having as a member a attorney or agent) and the names of up to a patent attorneys or agents. If no name is a member a 3 ame will be printed.			
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE	an assignce is identif 37 CFR 3.11. Compl	TO BE PRINTED ON icd below, no assignee ction of this form is NO	THE PATENT (print or to data will appear on the T a substitute for filing a (B) RESIDENCE: (CIT	patent. If an assigne n assignment.	ee is identified below, th	ne document has been filed for	
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4a. The following fee(s) are s ☐ Rissue Fee ☐ Publication Fee (No sn ☐ Advance Order - # of	nall entity discount pe		b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. (\$700.00) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity Status (
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Authorized Signature	Della State	s Patent and Trademark	Office.		ovember 16, 20		
Typed or printed name <u>Daniel S. Polley</u>			Registration No. 34, 902				
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